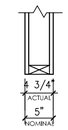
CONSTRUCTION NOTES

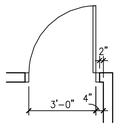
1. THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.

2. VERIFY ALL DIMENSIONS WITH HENRY SCHEIN DENTAL REP. ON JOBSITE. ON SITE MODIFICATIONS MAY NEED TO BE DONE BY CONTRACTOR, BUT SHOULD BE VERIFIED BY ALL PARTIES INVOLVED.

3. USE 5/8" GYPSUM WALLBOARD THROUGHOUT THE OFFICE TO PROVIDE EXTRA PROTECTION AGAINST X-RAY SCATTER RADIATION.



TYPICAL WALL



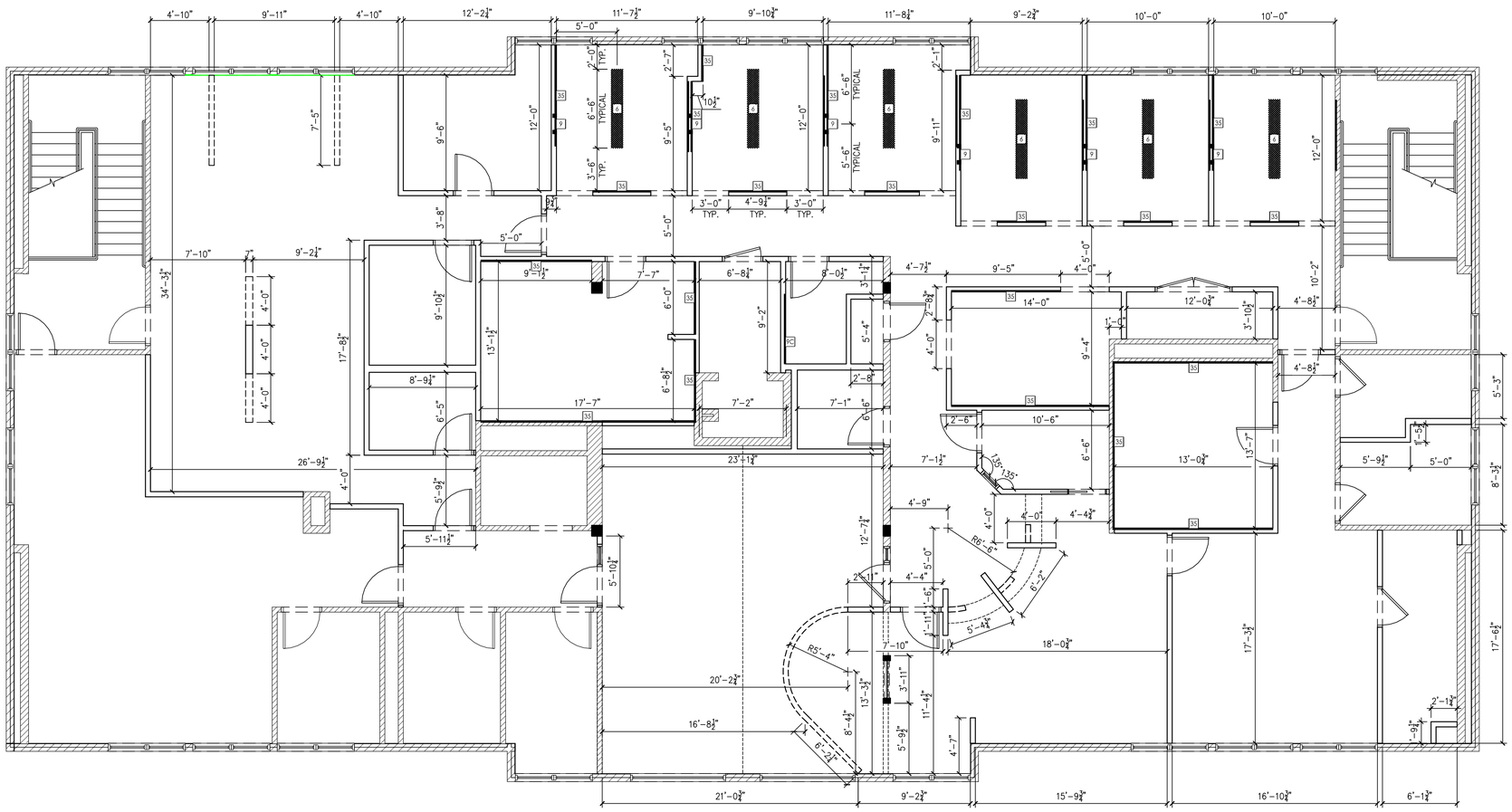
4" TYPICAL DOOR JAMB & 3'-0" DOOR UNLESS OTHERWISE SHOWN ON PLAN.

TYPICAL DOOR LOCATION

WALL LEGEND

- EXISTING WALL TO REMAIN
- NEW WALLS TO BE CONSTRUCTED
- DOORWAY HEADER ABOVE, HEIGHT TO BE DETERMINED BY OWNER.
- CEILING HEIGHT CHANGE ABOVE
- GLASS OR RESIN PANEL WALL. HEIGHT AND STYLE TO BE DETERMINED BY OWNER AND/OR ARCHITECT.
- OR — NEW REINFORCEMENT PLACED FOR WALL-MOUNTED EQUIPMENT. SEE "REINFORCEMENT SPECIFICATION SCHEDULE" FOR MORE INFORMATION.
- NEW REINFORCEMENT PLACED FOR CEILING-MOUNTED EQUIPMENT. SEE "REINFORCEMENT SPECIFICATION SCHEDULE" FOR MORE INFORMATION.

SEE SHEET SA.3 FOR ILLUSTRATIONS & DETAILS



REINFORCEMENT SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	MECH. DETAIL	CONS. DETAIL
		PLEASE NOTE: ALL REQUIREMENTS TO BE VERIFIED BY MANUFACTURER'S SPEC SHEETS PROVIDED BY HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST. MANUFACTURER'S SPECS SUPERSEDE ANY AND ALL INFORMATION CONTAINED HEREIN.		
6	8	8	8	8
6	6	DENTAL TRACK LIGHT - CONTRACTOR TO PROVIDE REQ'D UTILITIES AND MOUNTING SUPPORT. LIGHT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.		6
6	9	WALL MOUNTED INTRAORAL X-RAY HEAD, ARM, AND WALL BRACKET - CONTRACTOR TO PROVIDE REQ'D UTILITES AND MOUNTING SUPPORT. X-RAY UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. REQUIRES A 3 WIRE GROUNDED CIRCUIT.		9
1	9C	PANORAMIC XRAY UNIT - CONTRACTOR TO PROVIDE REQ'D UTILITES. REQUIRES A 3 WIRE GROUNDED CIRCUIT. X-RAY UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.		9C
22	35	BLOCKING - UPPER & LOWER SUPPORT - CONTRACTOR TO SUPPLY AND INSTALL BACKING FOR WALL MOUNTED DENTAL UNITS & WALL HUNG CABINETS. SEE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST FOR EXACT LOCATION.		35

DIMENSIONS & REINFORCEMENT SPECIFICATIONS

3/16"=1'-0"

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 02/25/15

HENRY SCHEIN DENTAL
10920 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227

PROJECT: **PROSTHODONTIC ASSOCIATES**

LOCATION: 131 JOHNSON ROAD
PORTLAND, ME 04102

HENRY SCHEIN REP: JESSE LEVEILLE
CENTER: BOSTON, MA
PHONE #: (207) 233-4978

-IMPORTANT NOTE-
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ALL DIMENSIONS ARE SUBJECT TO JOB-SITE VERIFICATION.

DRAWING NAME: PROSTHO-3d-F1
PROJECT START DATE: 06/06/2013
FINALS START DATE: 08/15/2014
DRAWN BY: AKL/CAS
FINALS BY: AKL
CHECKED BY: KS

REVISIONS:

08/22/14	AKL
10/22/14	AKL
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INT.SQ.FT.=	5167

SCALE: 3/16"=1'-0"
SHT. SIZE: D

REINFORCEMENT PLAN

SA.1

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